

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

FEB 23 1932

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

295

1. PLACE OF DEATH
 12 County Butler Registration District No. 89
 Township Paplev Bluff Primary Registration District No. 5731
 City (No. St. Ward)

2. FULL NAME Ira Pearl Cochran
 (a) Residence, No. 4 Miss Paplev Bluff Mo. St. Ward.
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) ---
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF ---
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 5-1931
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
--- --- 36 ---

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ---
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ---
 10. Date deceased last worked at this occupation (month and year) --- 11. Total time (years) spent in this occupation ---

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Butler Co Mo 1

13. NAME Joseph H. Cochran

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pike Co Mo

15. MAIDEN NAME Marie Wright

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ark 2

17. INFORMANT Joseph H. Cochran
 (ADDRESS) Paplev Bluff Mo. Butler

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Black Creek DATE Jan 13 1932

19. UNDERTAKER A. J. Phelps
 (ADDRESS) Paplev Bluff Mo

20. FILED Jan 18 1932 B. J. Clinis
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 11 1932

22. I HEREBY CERTIFY, That I attended deceased from ---, 19---, to ---, 19---

I last saw h --- alive on ---, 19--- Death is said

to have occurred on the date stated above, at 7:10 P m.

The principal cause of death and related causes of importance were as follows:

acute Gastritis Date of onset ---

118C sick 2 hours

118

Other contributory causes of importance: 118

8

Name of operation --- Date of ---

What test confirmed diagnosis? --- Was there an autopsy? ---

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? --- Date of injury ---, 19---

Where did injury occur? --- (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury ---

Nature of injury ---

24. Was disease or injury in any way related to occupation of deceased? ---

If so, specify ---

(Signed) --- M. D.

(Address) Paplev Bluff Mo.

1944